

Volunteer Application Form

| Name: | | |
|---------------------------------|---|-------------------|
| | | |
| Cell Phone: | Email: | |
| Date of Birth: | Occupation: | |
| Languages Spoken: | | |
| Are you interested in working w | vith horses? Or with our riders during therapy session | ıs? |
| | rking with horses? If so, please explain below: | |
| Do you have any experiences wo | orking with special needs children? If so, please expla | ain below: |
| | er your time with Cooper's Calling? | |
| | ctions that would prevent you from volunteering with | us? If so, please |

| What days/ times (am/pm) are you available to volunteer? | |
|---|--------------|
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| Are you willing to commit to a weekly, same day & same time schedule: | } |

QUALIFICATIONS:

- 1. Must be 14 years of age or older.
- 2. Must be available for in person training from our Program Director.
- 3. Must be able to walk and briskly jog on uneven ground throughout a 30-minute session in order to volunteer during a session.
- 4. If over the age of 18, must pass a background check prior to volunteering.

RESPONSIBILITIES:

- 1. Be on time.
- 2. Be willing to learn and follow proper safety procedures.
- 3. Be willing to help our staff with all barn chores.
- 4. Be able to perform volunteer tasks with minimal supervision.

Volunteer dependability is essential for the smooth running of our program. We ask our volunteers for a weekly commitment to provide consistency for our riders.